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| Chapter you are filing under: | |
|-------------------------------|---------------------------------------|
| ☐ Chapter 7 | |
| ☐ Chapter 11 | |
| ☐ Chapter 12 | |
| ■ Chapter 13 | ☐ Check if this an amended filing |
| | ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Id | entify Yourself | | |
|-----|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your fu | ull name | | |
| | | ne name that is on | Carolyn | |
| | your government-issued picture identification (for example, your driver's | identification (for | First name | First name |
| | license | or passport). | Middle name | Middle name |
| | Bring y | our picture cation to your | Day | |
| | meeting | g with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | | |
| 2. | | er names you have n the last 8 years | FKA Carolyn Coats | |
| | | your married or names. | | |
| 3. | your Sonumber Individ | ne last 4 digits of ocial Security or or federal ual Taxpayer ication number | xxx-xx-5350 | |

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Debtor 1 Carolyn Day

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) |
| | | EINS | EINS |
| 5. | Where you live | 8738 S. Bishop Street | If Debtor 2 lives at a different address: |
| | | Chicago, IL 60620 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Cook County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |

Page 3 of 59 Document Case number (if known) Debtor 1 Carolyn Day Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the last 8 years? Yes. **Northern District of** Illinois When 10/08/15 15-34418 District Case number **Northern District of** 4/08/15 15-12644 When District Illinois Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being ☐ Yes. filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you

When District Case number, if known Debtor Relationship to you When District Case number, if known

Do you rent your residence?

No.

Go to line 12.

☐ Yes.

Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

| ebto | or 1 <u>Ca</u> | Case 16-3 | 86105 | Doc 1 | Filed 11/11/16 Document | Entered 11/11/16 19:18:22 Page 4 of 59 Case number (if known) | Desc Main |
|------------|-------------------------------------------------------|----------------------------------------------------------------------------------------|------------|----------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| art : | B: Repo | ort About Any Bu | sinesses Y | ou Own as | a Sole Proprietor | | |
| (| | sole proprietor I- or part-time ? | ■ No. | Go to Pa | rt 4. | | |
| | | | ☐ Yes. | Name ar | d location of business | | |
| | ousiness y an individu separate l as a corpo | prietorship is a /ou operate as ual, and is not a egal entity such oration, p, or LLC. | | Name of | business, if any | | |
| ; | sóle propr | e more than one ietorship, use a sheet and attach | | , | Street, City, State & ZIP e appropriate box to des | | |
| | t to this pt | Suuon. | | | | defined in 11 U.S.C. § 101(27A)) | |
| | | | | _ s | ingle Asset Real Estate (| (as defined in 11 U.S.C. § 101(51B)) | |
| | | | | | tockbroker (as defined in | n 11 U.S.C. § 101(53A)) | |
| | | | | | commodity Broker (as de | fined in 11 U.S.C. § 101(6)) | |
| | | | | | lone of the above | | |
| (| Chapter 1 Bankrupt | iling under 1 of the cy Code and are all business | deadlines. | . If you indic | ate that you are a small I statement, and federal ir | ust know whether you are a small business de business debtor, you must attach your most re ncome tax return or if any of these documents | ecent balance sheet, statement of |
| | Eor a dofir | nition of s <i>mall</i> | ■ No. | I am not | filing under Chapter 11. | | |
| | | debtor, see 11 | □ No. | I am filing Code. | g under Chapter 11, but I | am NOT a small business debtor according t | o the definition in the Bankruptcy |

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| INO. | |
|------|--|
| | |
| | |

☐ Yes.

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Debtor 1 Carolyn Day

Debtor 1 Carolyn Day

Document Page 5 of 59

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | tor 1 | Carolyn Day | | Docume | in age of | Case number | er (if known) | |
|------|---------------------------------------------------------------------------|------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------|--|
| Part | 6: | Answer These Questi | ions for Rep | orting Purposes | | | | |
| 16. | | kind of debts do nave? | | Are your debts primarily condividual primarily for a pers | | | ined in 11 U.S.C. § 101(8) as "incurred by an | |
| | | | I | ☐ No. Go to line 16b. | | | | |
| | | | I | Yes. Go to line 17. | | | | |
| | | | | Are your debts primarily be noney for a business or inve | | | | |
| | | | ſ | ☐ No. Go to line 16c. | | | | |
| | | | I | ☐ Yes. Go to line 17. | | | | |
| | | | 16c. S | State the type of debts you o | owe that are not consu | umer debts or busines | ss debts | |
| 17. | | ou filing under | ■ No. | am not filing under Chapter | 7. Go to line 18. | | | |
| | after | ou estimate that any exempt | | am filing under Chapter 7. I | | | perty is excluded and administrative expenses ? | |
| | admi | erty is excluded and nistrative expenses | I | □ No | | | | |
| | are paid that funds will be available for distribution to unsecured | I | ☐Yes | | | | | |
| | cred | tors? | | | | | | |
| 18. | | many Creditors do | 1 -49 | | 1 ,000-5,00 | 0 | 2 5,001-50,000 | |
| | you o | estimate that you | □ 50-99 | | ☐ 5001-10,00 | | 50,001-100,000 | |
| | | | ☐ 100-199 ☐ 200-999 | | ☐ 10,001-25, | 000 | ☐ More than100,000 | |
| 19. | How | much do you | □ \$0 - \$50 | 0.000 | □ \$1,000,001 | - \$10 million | ☐ \$500,000,001 - \$1 billion | |
| | | nate your assets to orth? | | - \$100,000 | □ \$10,000,00 | 01 - \$50 million | □ \$1,000,000,001 - \$10 billion | |
| | | ····· | | 1 - \$500,000 | | 01 - \$100 million 001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | |
| | | | □ \$500,00 | 11 - \$1 million | L \$100,000,0 | 101 - \$500 million | iniore triari \$50 billiori | |
| 20. | | much do you | □ \$0 - \$50 | 0,000 | □ \$1,000,001 | - \$10 million | □ \$500,000,001 - \$1 billion | |
| | estin | nate your liabilities | | 1 - \$100,000 | | 01 - \$50 million | \$1,000,000,001 - \$10 billion | |
| | | | | 01 - \$500,000 | | 01 - \$100 million 001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | |
| | | | □ \$500,00 | 11 - \$1 million | — \$100,000,0 | 001 - \$500 million | iniore triari \$50 billiori | |
| Part | 7: | Sign Below | | | | | | |
| For | you | | I have exa | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | |
| | | | | chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, states Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | |
| | | | | ey represents me and I did r I have obtained and read th | | | ot an attorney to help me fill out this | |
| | | | I request re | elief in accordance with the o | chapter of title 11, Uni | ted States Code, spe | cified in this petition. | |
| | | | | case can result in fines up | | | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, | |
| | | | Carolyn I Signature | Day | | Signature of Debto | or 2 | |
| | | | Executed of | n November 11, 2016 | | Executed on | | |
| | | | | MM / DD / YYYY | | MM | I / DD / YYYY | |
| | | | | | | | | |

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Debtor 1 Carolyn Day

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ James | J. Haller | Date | November 11, 2016 |
|-----------------|------------------------|---------------|---------------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| James J. I | Haller | | |
| Printed name | | | |
| Sulaiman | Law Group, Ltd. | | |
| Firm name | | | |
| 900 Jorie | Boulevard | | |
| Suite 150 | | | |
| Oak Brool | k, IL 60523 | | |
| Number, Street, | City, State & ZIP Code | | |
| Contact phone | 630-575-8181 | Email address | courtinfo@sulaimanlaw.com |
| 6226796 | | | |
| Bar number & S | tate | | |

| | | Docume | ent Page 8 of 5 | 59 | |
|---------------------|------------------------|-------------------|-----------------|----|-----------------------|
| Fill in this inform | ation to identify your | case: | | | |
| Debtor 1 | Carolyn Day | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ban | kruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | ☐ Check if this is an |
| | | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | ssets of what you own |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 161,190.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 2,990.05 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 164,180.0 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 155,041.48 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 7,761.73 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 7,716.63 |
| | Your total liabilities | \$ | 170,519.84 |
| Par | t 3: Summarize Your Income and Expenses | <u> </u> | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 4,788.94 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,995.00 |
| ⊃ar | t 4: Answer These Questions for Administrative and Statistical Records | | |
| S. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sch | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your dahts are primarily consumer dahts. Consumer dahts are those "incurred by an individual primarily for | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Page 9 of 59 Case number (if known) Debtor 1 Carolyn Day

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--------------------------------------------------------------------------------------------------------------|
| | 122A-1 Line 11: OR . Form 122B Line 11: OR . Form 122C-1 Line 14. |

5,257.04 \$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clai | m |
|------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 7,761.73 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 7,761.73 |

| | | | | Doc | ument | Page 10 of 59 | | | | |
|--------------|-----------------|-----------------------------------------------|-----------------------|------------|--------------------------------|---------------------------------------------------------------------------------------------------|----------------|---------------------------------|---------|-----------------------------------------------|
| Fill ir | n this infor | mation to identify | your case and th | nis filinç | g: | | | | | |
| Debte | or 1 | Carolyn Day | | | | | | | | |
| Debto | or 2 | First Name | Middle | e Name | | Last Name | | | | |
| | se, if filing) | First Name | Middle | e Name | | Last Name | | | | |
| Unite | d States Ba | ankruptcy Court for t | the: NORTHER | N DIST | RICT OF ILLI | NOIS | | | | |
| Caca | number | | | | | | | | | Objects if this is a |
| Case | number _ | | | | | _ | | | | Check if this is an amended filing |
| | | | | | | | | | | · · |
| ∩ffi | cial Fo | rm 106A/B | | | | | | | | |
| _ | | | | | | | | | | |
| | | e A/B: Pr | | | 1 | | | | 41 | 12/15 |
| hink i | t fits best. E | Be as complete and a re space is needed, a | ccurate as possibl | le. If two | married peop | an asset fits in more than on le are filing together, both ar ne top of any additional page | e equally resp | onsible for su | pplyir | ng correct |
| Part 1 | : Describe | Each Residence, Bu | ilding, Land, or Ot | her Real | Estate You O | wn or Have an Interest In | | | | |
| 1 Do | vou own or | hava any logal ar ag | uitable interest in s | ny rooid | longo building | land or cimilar property? | | | | |
| | - | | intable interest in a | iny resid | lence, building | , land, or similar property? | | | | |
| _ | No. Go to Pa | | | | | | | | | |
| • | Yes. Where i | is the property? | | | | | | | | |
| | | | | | | | | | | |
| 4.4 | | | | \A/I/ | :- 41 | | | | | |
| 1.1 | 8738 Sou | th Bishop Street | | wna | | bome | 5 | | | |
| _ | | if available, or other desc | | _ | Single-family Duplex or mu | nome Ilti-unit building | the amount | of any secured | d clain | r exemptions. Put ns on <i>Schedule D:</i> |
| | | | | | - | n or cooperative | Creditors V | /ho Have Clain | ns Sed | cured by Property. |
| | | | | | | | | | | |
| | Chicago | IL | 60620-0000 | | | d or mobile home | Current va | | | rent value of the |
| _ | Chicago City | State | ZIP Code | | Land Investment p | ronerty | entire prop | erty? 61,190.00 | por | tion you own? \$161,190.00 |
| | , | | | | • | roporty | <u></u> - | | _ | |
| | | | | | Other | | (such as fe | e simple, tena | | wnership interest by the entireties, or |
| | | | | | | t in the property? Check one | a life estat | e), if known. | | |
| | Cook | | | _ | Debtor 1 only Debtor 2 only | | ree Siiii | pie | | |
| _ | County | | | | | Debtor 2 only | | | | |
| | , | | | | | of the debtors and another | | t if this is com structions) | munit | y property |
| | | | | | 7 11 10 dot 0110 1 | ou wish to add about this ite | , | , | | |
| | | | | prop | erty identificat | ion number: | | | | |
| | | | | | | 003 (Purchase Price \$ | 30,500.00) | | | |
| | | | | | ue Per Zillo #: 25-05-102 | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | from Part 1, including an | | => | | \$161,190.00 |
| Part 2 | _ ` | Your Vehicles | | | | | | | | |
| rait 2 | Describe | Tour venicles | | | | | | | | |
| | | | | | | whether they are register Executory Contracts and Ur | | | hicle | s you own that |
| 3. Ca | rs, vans, tr | ucks, tractors, spo | ort utility vehicle | s, moto | orcycles | | | | | |
| | No | | | | | | | | | |
| | Yes | | | | | | | | | |

Official Form 106A/B Schedule A/B: Property page 1

| Debtor 1 | Carolyn Day | | | Document | Page 12 of 59 _C | ase number (if known) | |
|-------------------------|----------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------|
| 40. Non fa | | | | | | | |
| | arm animals ples: Dogs, cats, bi | rds, hor | ses | | | | |
| □ No | | · | | | | | |
| Yes. | Describe | | | | | | |
| | | Family | Pet - Cat | | | | \$25.00 |
| | | | | | | | |
| 14. Any o t ■ No | ther personal and | houser | old items you did | I not already list, | including any health aid | ds you did not list | |
| | Give specific infor | mation. | | | | | |
| | · | | | | | 1 | |
| | the dollar value of art 3. Write that nu | | | | any entries for pages yo | ou have attached | \$2,425.00 |
| | | | | | | ı | |
| | escribe Your Financi wn or have any leg | | | n any of the follo | wing? | | Current value of the |
| Do you or | wil of flave ally leg | jai oi e | quitable interest ii | if any of the folio | wing: | | portion you own? Do not deduct secured claims or exemptions. |
| □ No | | | | | posit box, and on hand w | nen you file your petitio | on |
| ■ Yes. | | | | | | | |
| | | | | | | Cash | \$60.00 |
| Exam | | you hav | tother financial account to the multiple account to the charge of the ch | s with the same in | · | | nouses, and other similar |
| | | 17.2 | Checking | MWRD E | Employee Credit Unic | on . | \$5.05 |
| | | 17.2. | Oncoking | | | ··· | |
| Exam | s, mutual funds, or ples: Bond funds, ir | | | rokerage firms, mo | oney market accounts | | |
| ■ No □ Yes. | | | Institution or issuer | r name: | | | |
| joint v | ublicly traded stoo venture | ck and i | interests in incorp | oorated and unin | corporated businesses, | including an interes | t in an LLC, partnership, and |
| ■ No | Give specific infor | mation | about them | | | | |
| ⊔ res. | Give specific infor | | ne of entity: | | C | % of ownership: | |
| Negot Non-ri ■ No | tiable instruments ir negotiable instrume | nclude p nts are t | ersonal checks, ca hose you cannot tr | shiers' checks, pr | negotiable instruments omissory notes, and mon e by signing or delivering | | |
| ☐ Yes. | Give specific inforr | mation a | about them | | | | |

Official Form 106A/B Schedule A/B: Property page 3

Issuer name:

| | | Case 1 | 6-36105 | Doc 1 | | Entered 11/11/16 19 Page 13 of 59 | :18:22 [| Desc Main |
|-----|---------------------|-----------------------------------|-------------------------------------------|------------------------------|--------------------------------------------------|--------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------|
| De | ebtor 1 | Carolyn D | ay | | Document | Case number | er (if known) _ | |
| | | | ion accounts in IRA, ERISA | , Keogh, 401 | (k), 403(b), thrift saving | s accounts, or other pension or pr | ofit-sharing pla | ns |
| | Yes. | List each acc | ount separately Type of | /. account: | Institution r | name: | | |
| | | | Pensio | n | Metropoli Retireme \$4,114.47 | | rict | Unknown |
| | | | | | Metropoli Retireme \$250.00/N | | rict | Unknown |
| 22. | Your sl | hare of all unu | | you have ma | , , | tinue service or use from a compa ctric, gas, water), telecommunicati | , | s, or others |
| | ☐ Yes. | | | | Institution r | name or individual: | | |
| | Annuiti □ No | ies (A contrac | t for a periodic | payment of | money to you, either for | r life or for a number of years) | | |
| | Yes | | Issuer name | and descripti | on. | | | |
| | | | Survivor Ai | • | | el Management (deceased sp | pouse | Unknown |
| 24. | | | ation IRA, in a I), 529A(b), an | | n a qualified ABLE pro | ogram, or under a qualified state | tuition progra | am. |
| | ☐ Yes | | Institution nar | me and desc | ription. Separately file th | ne records of any interests.11 U.S. | .C. § 521(c): | |
| | ■ No | - | future interes | | rty (other than anythin | g listed in line 1), and rights or | powers exerci | sable for your benefit |
| 26. | Patents Examp ■ No | s, copyrights bles: Internet o | , trademarks, | trade secre , websites, p | ts, and other intellecturoceeds from royalties a | al property and licensing agreements | | |
| | Examp ■ No | oles: Building | s, and other goermits, exclusion | ive licenses, | | n holdings, liquor licenses, profess | sional licenses | |
| Mo | oney or | property owe | ed to you? | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ■ No | unds owed t | | out them, inc | cluding whether you alre | ady filed the returns and the tax yo | ears | |
| | Examp ■ No | | or lump sum a | • • | usal support, child suppo | ort, maintenance, divorce settleme | ent, property se | ttlement |

Document Page 14 of 59 Case number (if known) Debtor 1 Carolyn Day 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: **American Life Insurance** \$0.00 No Cash Value 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$565.05 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Official Form 106A/B Schedule A/B: Property

Case 16-36105

Doc 1

Filed 11/11/16

Entered 11/11/16 19:18:22

Case number (if known)

Debtor 1 Carolyn Day Debtor 1 Carolyn Day

Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$161,190.00 56. Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$2,425.00 Part 4: Total financial assets, line 36 \$565.05 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 61. Total personal property. Add lines 56 through 61... \$2,990.05 Copy personal property total \$2,990.05 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$164,180.05

Official Form 106A/B Schedule A/B: Property page 6

| Fill in this info | rmation to identify your | case: | | |
|------------------------|--------------------------|-------------------|-------------|-----------------------|
| Debtor 1 | Carolyn Day | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | ☐ Check if this is ar |
| | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | Int 1: Identify the Property You Claim as E | xempt | | | |
|----|----------------------------------------------------------------------------------------|--------------------------------------|---------|-----------------------------------------------------------------|------------------------------------|
| 1. | Which set of exemptions are you claiming | ? Check one only, ever | า if yo | our spouse is filing with you. | |
| | ■ You are claiming state and federal nonban | kruptcy exemptions. 1 | 1 U.S | S.C. § 522(b)(3) | |
| | ☐ You are claiming federal exemptions. 11 l | J.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | mpt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | 8738 South Bishop Street Chicago, IL 60620 Cook County | \$161,190.00 | | \$15,000.00 | 735 ILCS 5/12-901 |
| | Purchased in 2003 (Purchase Price \$30,500.00) | | | 100% of fair market value, up to any applicable statutory limit | |

| PIN#: 25-05-102-025-0000 Line from <i>Schedule A/B</i> : 1.1 | | | | |
|-----------------------------------------------------------------|------------|-----------------------------------------------------------------|-----------------------|--|
| Used Household Goods, Furnishings, and Appliances | \$1,500.00 | \$350.00 | 735 ILCS 5/12-1001(b) | |
| Line from Schedule A/B: 6.1 | | 100% of fair market value, up to any applicable statutory limit | | |
| Personal Items Line from Schedule A/B: 8.1 | \$150.00 | \$150.00 | 735 ILCS 5/12-1001(b) | |
| Enterior Concada (V.E. S.) | | 100% of fair market value, up to any applicable statutory limit | | |
| Everyday Wearing Apparel | \$250.00 | 100% | 735 ILCS 5/12-1001(a) | |
| Ellio Holli Gorioddio 74 B. TTT | | 100% of fair market value, up to any applicable statutory limit | | |

Value Per Zillow

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Case number (if known)

| | and July 11 Day | | | | |
|----|-------------------------------------------------------------------------------------|--------------------------------------|---------|-----------------------------------------------------------------|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | Checking: JP Morgan Chase Bank account ending in 2943 | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: MWRD Employee Credit | \$5.05 | | \$0.00 | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Pension: Metropolitan Water Reclamation District Retirement | Unknown | | 100% | 735 ILCS 5/12-1006 |
| | Fund \$4,114.47/Monthly Line from <i>Schedule A/B</i> : 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every | | | led on or after the date of adjustmen | nt.) |
| | ■ No | | | | |
| | Yes. Did you acquire the property cover | red by the exemption wi | ithin 1 | ,215 days before you filed this case | ? |
| | □ No | | | | |
| | ☐ Yes | | | | |

| | | Document P | age 18 | of 59 | | |
|----------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------|--------------|-----------------------------------|-------------------------------------------|---------------------|
| Fill in this informat | ion to identify yοι | ır case: | | | | |
| Debtor 1 | Carolyn Day | | | | | |
| _ | First Name | Middle Name La | st Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name La | st Name | | • | |
| United States Bankro | uptcy Court for the | NORTHERN DISTRICT OF ILLING | IS | | | |
| | . , | | | | • | |
| Case number | | | | | — Observe | Market and a second |
| (II KHOWH) | | | | | _ | if this is an |
| | | | | | ameno | led filing |
| Official Form 1 | 106D | | | | | |
| | | Who Have Claims So | curad | by Proport | N/ | 12/15 |
| Scriedule D | . Creditors | Who Have Claims Se | curea | by Propert | <u>y</u> | 12/15 |
| | | If two married people are filing together, b | | | | |
| is needed, copy the Ad number (if known). | lditional Page, fill it | out, number the entries, and attach it to th | is form. On | the top of any addition | nal pages, write your nai | ne and case |
| 1. Do any creditors hav | ve claims secured by | v vour property? | | | | |
| _ | | his form to the court with your other sch | edules Yo | u have nothing else t | o report on this form | |
| _ | | • | caalco. To | a nave nothing clock | o report on this form. | |
| | of the information | below. | | | | |
| Part 1: List All S | ecured Claims | | | Column A | Column B | Column C |
| | | more than one secured claim, list the creditor | | | | |
| | | s a particular claim, list the other creditors in Fi cal order according to the creditor's name. | 'aπ Z. As | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| O d Double of Amer | | | | value of collateral. | claim | If any |
| 2.1 Bank of Ame | erica | Describe the property that secures the c | | \$152,013.00 | \$161,190.00 | \$0.00 |
| Oreditor 3 Name | | 8738 South Bishop Street Chica IL 60620 Cook County | igo, | | | |
| | | Purchased in 2003 (Purchase P | rice | | | |
| | | \$30,500.00) | | | | |
| Attn: Bankru | ıptcv | Value Per Zillow | | | | |
| Department | -,, | PIN#: 25-05-102-025-0000 | | | | |
| Po Box 5170 | | As of the date you file, the claim is: Chec apply. | k all that | | | |
| Simi Valley, | CA 93062 | Contingent | | | | |
| Number, Street, City | y, State & Zip Code | ☐ Unliquidated | | | | |
| Who are the debte | | ☐ Disputed | | | | |
| Who owes the debt? | Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | | gage or secu | ired | | |
| Debtor 2 only | | | | | | |
| ☐ Debtor 1 and Debto☐ At least one of the co | • | ☐ Statutory lien (such as tax lien, mechan☐ Judgment lien from a lawsuit | ic's lien) | | | |
| ☐ Check if this claim | | | rtgage | | | |
| community debt | relates to a | Other (including a right to offset) | rigage | | | |
| | | | | | | |
| | Opened 8/01/05 | | | | | |
| | Last Active | | | | | |
| Date debt was incurre | | Last 4 digits of account number | 0551 | | | |
| | | _ | | | | |
| City of Chica | ago | | | | | |
| Department | of Finance | Describe the property that secures the o | laim: | \$3,000.13 | \$161,190.00 | \$0.00 |
| Creditor's Name | | 8738 South Bishop Street Chica | ago, | | | |
| | | IL 60620 Cook County | rico | | | |
| | | Purchased in 2003 (Purchase P \$30,500.00) | rice | | | |
| | | Value Per Zillow | | | | |
| | | PIN#: 25-05-102-025-0000 | | | | |
| 333 South St | tate Street | As of the date you file, the claim is: Checapply. | k all that | | | |
| Chicago, IL (| 60604 | ☐ Contingent | | | | |
| Number, Street, City | y, State & Zip Code | ☐ Unliquidated | | | | |
| | | ☐ Disputed | | | | |

Official Form 106D

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| Debto | or 1 | Carolyn Day | | C | Case number (if know) | | |
|------------------|-------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------|---------------------------|-----------|
| | | First Name Middle Na | ame Last Name | | _ | | |
| Who | owe | es the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ De | ebtor | 1 only | ☐ An agreement you made (such as mortgag car loan) | ge or secu | ured | | |
| | | 2 only | _ | | | | |
| _ | | 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's | s lien) | | | |
| _ | | t one of the debtors and another | Judgment lien from a lawsuit | | | | |
| | | if this claim relates to a nunity debt | Other (including a right to offset) | | | | |
| Date o | debt | was incurred | Last 4 digits of account number | | | | |
| | | ok County Treasurer's | Book the desired and the second selection | | \$28.35 | \$161,190.00 | \$0.00 |
| | Offi | itor's Name | Describe the property that secures the clai | | Ψ20.33 | \$101,130.00 | Ψ0.00 |
| | Orou | itor o realito | 8738 South Bishop Street Chicago IL 60620 Cook County | о, | | | |
| | | | Purchased in 2003 (Purchase Pric | ce | | | |
| | | | \$30,500.00) | | | | |
| | | | Value Per Zillow | | | | |
| | | 3 North Clark Street, | PIN#: 25-05-102-025-0000 As of the date you file, the claim is: Check all | II that | | | |
| | | om 112 | apply. | ii ti iat | | | |
| _ | | icago, IL 60602 | Contingent | | | | |
| | Numl | ber, Street, City, State & Zip Code | Unliquidated | | | | |
| Who | owe | es the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ■ De | ebtor | 1 only | ☐ An agreement you made (such as mortgage | ge or secu | ured | | |
| ☐ De | ebtor | 2 only | car loan) | | | | |
| | | 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's | s lien) | | | |
| | | t one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| | | if this claim relates to a nunity debt | Other (including a right to offset) | | | | |
| Date o | debt | was incurred | Last 4 digits of account number | | | | |
| | | | | | | | |
| Add | l the | dollar value of your entries in Co | olumn A on this page. Write that number her | e: | \$155,041.48 | | |
| | | the last page of your form, add t at number here: | the dollar value totals from all pages. | | \$155,041.48 | | |
| | | at number nere. | | | | J | |
| Part 2 | 2: | List Others to Be Notified for | r a Debt That You Already Listed | | | | |
| trying than o | to c | collect from you for a debt you or | e notified about your bankruptcy for a debt t we to someone else, list the creditor in Part you listed in Part 1, list the additional credit is page. | 1, and the | en list the collection agency | here. Similarly, if you l | have more |
| | Nar | me, Number, Street, City, State & Z | Zip Code | On which | h line in Part 1 did you enter the | oroditor? 21 | |
| | | ook County Clerk | | On which | i ilile ili Fait i did you enter the | creator? | |
| | | W. Washington, Suite 50 nicago, IL 60602 | 0 | Last 4 di | gits of account number | | |
| | Oii | ilcago, iL 00002 | | | | | |
| | Nar | me, Number, Street, City, State & Z | Zip Code | On which | h line in Part 1 did you enter the | creditor? 2.1 | |
| | | ook County State's Attorn | ey | On Willon | Timo in Fait Faia you onto the | roroditor: | |
| | | W. Washington, Suite 32 nicago, IL 60602 | 00 | Last 4 di | gits of account number | | |
| | | | | | | | |
| \sqcup | Nar | me, Number, Street, City, State & 2 | Zip Code | On which | h line in Part 1 did you enter the | e creditor? 2.1 | |
| | Co | ook County Treasurer's O | ffice | | · | | |
| | | 8 North Clark Street, Roo nicago, IL 60602 | m 112 | Last 4 di | gits of account number | | |
| | | | | | | | |

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| Debto | r 1 | Carolyn Day | | | Case number (if know) | |
|-------|----------|-----------------------------------------------------------------------------------------|-------------|-----------|------------------------------------------------------------------------|--------------------|
| | | First Name | Middle Name | Last Name | | |
| | Ko 10 | ne, Number, Street, City, zeny & McCubbin 5 W. Adams #1800 icago, IL 60603 | • | | On which line in Part 1 did you enter Last 4 digits of account number | the creditor? 2.1 |
| | We 10 | ne, Number, Street, City, piss McClelland LL 5 West Adams Stre icago, IL 60603 | C | | On which line in Part 1 did you enter Last 4 digits of account number | the creditor? _2.1 |

| ill in this information of the control of the contr | ation to identify your case | | | 21 of 5 | 19 | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------|--------------------------|---------------------------------------------------|
| ebtor 2 | 0 | • | | | | | | |
| | Carolyn Day | | | | | | | |
| | First Name | Middle Name | Last Name |) | | | | |
| | First Name | Middle Name | Last Name | • | | | | |
| Inited States Ban | kruptcy Court for the: NC | ORTHERN DISTRICT OF ILL | LINOIS | | | | | |
| Case number | | | | | | | | |
| f known) | | | | | | | Check | if this is an |
| | | | | | | | amend | ed filing |
| Official Form | 1065/5 | | | | | | | |
| | | Have Unsecured | Claime | • | | | | 12/15 |
| | | rt 1 for creditors with PRIORIT | | | | UDDIODITY - | | |
| me and case num | | you have no information to rep ured Claims | port in a Pa | rt, do not fi | le that Part. On the | top of any ac | dditional | pages, write your |
| . Do any creditor | s have priority unsecured clai | ims against you? | | | | | | |
| □ No. Go to Pa | • • | ugue. yeu . | | | | | | |
| Yes. | | | | | | | | |
| | priority unsecured claims. If a | creditor has more than one prior | | | | | | |
| possible, list the Part 1. If more the | claims in alphabetical order acc an one creditor holds a particula | h priority and nonpriority amount ording to the creditor's name. If ar claim, list the other creditors in e instructions for this form in the | ts, list that c you have m n Part 3. | laim here ar ore than two | nd show both priority | and nonpriori | ity amount | s. As much as |
| possible, list the Part 1. If more the | claims in alphabetical order acc an one creditor holds a particula | h priority and nonpriority amount ording to the creditor's name. If ar claim, list the other creditors in | ts, list that c you have m n Part 3. | laim here ar ore than two booklet.) | nd show both priority o priority unsecured o | and nonpriori laims, fill out | ity amount | s. As much as nuation Page of |
| possible, list the Part 1. If more the | claims in alphabetical order acc an one creditor holds a particula | h priority and nonpriority amount ording to the creditor's name. If ar claim, list the other creditors in | ts, list that c you have m n Part 3. | laim here ar ore than two booklet.) | nd show both priority priority unsecured of Total claim | and nonpriori laims, fill out Priority | ity amount | s. As much as nuation Page of Nonpriority |
| possible, list the Part 1. If more the | claims in alphabetical order acc an one creditor holds a particula | h priority and nonpriority amount ording to the creditor's name. If ar claim, list the other creditors in | ts, list that c you have m n Part 3. | laim here ar ore than two booklet.) FOR NOTICE | nd show both priority priority unsecured of Total claim | and nonpriori laims, fill out Priority | ity amount | s. As much as nuation Page of Nonpriority |
| possible, list the Part 1. If more th (For an explanat | claims in alphabetical order acc an one creditor holds a particula | h priority and nonpriority amount ording to the creditor's name. If ar claim, list the other creditors in | ts, list that c you have m n Part 3. | laim here ar ore than two booklet.) FOR NOTICE PURPO | nd show both priority priority unsecured of Total claim | and nonpriori laims, fill out Priority amount | ity amount | s. As much as nuation Page of Nonpriority |
| possible, list the Part 1. If more the (For an explanat | claims in alphabetical order accian one creditor holds a particulation of each type of claim, see the epartment of Revenue ditor's Name tcy Section | h priority and nonpriority amount ording to the creditor's name. If ar claim, list the other creditors in e instructions for this form in the | ts, list that c you have m n Part 3. e instruction nt number | laim here ar ore than two booklet.) FOR NOTICE PURPO | nd show both priority o priority unsecured of Total claim | and nonpriori laims, fill out Priority amount | ity amount the Contir | s. As much as nuation Page of Nonpriority amount |
| possible, list the Part 1. If more the (For an explanate) Illinois D Priority Cree Bankrup PO Box (Chicago | claims in alphabetical order accian one creditor holds a particulation of each type of claim, see the epartment of Revenue ditor's Name tcy Section 64338, IL 60664-0338 | h priority and nonpriority amount ording to the creditor's name. If ar claim, list the other creditors in e instructions for this form in the Last 4 digits of account when was the debt income. | ts, list that c you have m n Part 3. e instruction nt number curred? | laim here ar ore than two booklet.) FOR NOTICE PURPO SES | Total claim \$0.00 | and nonpriori laims, fill out Priority amount | ity amount the Contir | s. As much as nuation Page of Nonpriority amount |
| possible, list the Part 1. If more the (For an explanat) Illinois D Priority Cree Bankrup PO Box (Chicago Number Str | claims in alphabetical order accian one creditor holds a particulation of each type of claim, see the repartment of Revenue ditor's Name tcy Section 64338, IL 60664-0338 eet City State Zlp Code | h priority and nonpriority amount ording to the creditor's name. If ar claim, list the other creditors in e instructions for this form in the Last 4 digits of account when was the debt income. As of the date you file | ts, list that c you have m n Part 3. e instruction nt number curred? | laim here ar ore than two booklet.) FOR NOTICE PURPO SES | Total claim \$0.00 | and nonpriori laims, fill out Priority amount | ity amount the Contir | s. As much as nuation Page of Nonpriority amount |
| possible, list the Part 1. If more the (For an explanat) Illinois D Priority Crece Bankrup PO Bankrup PO Bankrup Number Str Who incurred | claims in alphabetical order accian one creditor holds a particulation of each type of claim, see the department of Revenue ditor's Name tcy Section 64338, IL 60664-0338, eet City State Zlp Code the debt? Check one. | h priority and nonpriority amount ording to the creditor's name. If ar claim, list the other creditors in a instructions for this form in the Last 4 digits of account when was the debt in the date you file Contingent | ts, list that c you have m n Part 3. e instruction nt number curred? | laim here ar ore than two booklet.) FOR NOTICE PURPO SES | Total claim \$0.00 | and nonpriori laims, fill out Priority amount | ity amount the Contir | s. As much as nuation Page of Nonpriority amount |
| possible, list the Part 1. If more the (For an explanate) Illinois D Priority Cree Bankrup PO Box (Chicago Number Str. Who incurred Debtor 1 on | claims in alphabetical order accian one creditor holds a particulation of each type of claim, see the department of Revenue ditor's Name tcy Section 64338, IL 60664-0338 eet City State Zlp Code the debt? Check one. | h priority and nonpriority amount ording to the creditor's name. If ar claim, list the other creditors in e instructions for this form in the Last 4 digits of account When was the debt incompared to the date you file Contingent Unliquidated | ts, list that c you have m n Part 3. e instruction nt number curred? | laim here ar ore than two booklet.) FOR NOTICE PURPO SES | Total claim \$0.00 | and nonpriori laims, fill out Priority amount | ity amount the Contir | s. As much as nuation Page of Nonpriority amount |
| possible, list the Part 1. If more the (For an explanat) Illinois D Priority Crect Bankrup PO Box (Chicago, Number Str. Who incurred Debtor 1 on Debtor 2 on | claims in alphabetical order accian one creditor holds a particulation of each type of claim, see the department of Revenue ditor's Name tcy Section 64338, IL 60664-0338 eet City State Zlp Code the debt? Check one. | h priority and nonpriority amount ording to the creditor's name. If ar claim, list the other creditors in e instructions for this form in the Last 4 digits of account When was the debt into the was the debt into the contingent Unliquidated Disputed | nt number curred? | laim here ar ore than two booklet.) FOR NOTICE PURPO SES is: Check at | Total claim \$0.00 | and nonpriori laims, fill out Priority amount | ity amount the Contir | s. As much as nuation Page of Nonpriority amount |
| Illinois D Priority Crec Bankrup PO Box (Chicago Number Str Who incurred Debtor 1 on Debtor 1 an | claims in alphabetical order accian one creditor holds a particulation of each type of claim, see the department of Revenue ditor's Name tcy Section 64338, IL 60664-0338 eet City State Zlp Code the debt? Check one. | h priority and nonpriority amount ording to the creditor's name. If ar claim, list the other creditors in a claim, list the other creditors in the instructions for this form in the Last 4 digits of account when was the debt income when was the debt income continue to the continue to t | nt number curred? the claim | laim here ar ore than two booklet.) FOR NOTICE PURPO SES is: Check at | Total claim \$0.00 | and nonpriori laims, fill out Priority amount | ity amount the Contir | s. As much as nuation Page of Nonpriority amount |
| possible, list the Part 1. If more the (For an explanat) Illinois D Priority Cree Bankrup PO Box (Chicago Number Str. Who incurred Debtor 1 on Debtor 2 on At least one | claims in alphabetical order accian one creditor holds a particulation of each type of claim, see the repartment of Revenue ditor's Name tcy Section 64338, IL 60664-0338, | h priority and nonpriority amount ording to the creditor's name. If ar claim, list the other creditors in a relaim, list the other creditors in the instructions for this form in the Last 4 digits of account. Last 4 digits of account. | nt number curred? the claim secured cla bligations | laim here arore than two booklet.) FOR NOTICE PURPO SES | Total claim \$0.00 | and nonpriori laims, fill out Priority amount | ity amount the Contir | s. As much as nuation Page of Nonpriority amount |
| possible, list the Part 1. If more the (For an explanat) Illinois D Priority Crect Bankrup PO Box (Chicago, Number Str. Who incurred Debtor 1 on Debtor 2 on Debtor 1 an At least one | claims in alphabetical order accian one creditor holds a particulation of each type of claim, see the department of Revenue ditor's Name toy Section 64338, IL 60664-0338, eet City State ZIp Code the debt? Check one. Ily Ily Ily In of the debtors and another is claim is for a community design of the decommendation. | h priority and nonpriority amount ording to the creditor's name. If ar claim, list the other creditors in e instructions for this form in the Last 4 digits of account When was the debt into the work of the date you file Contingent Unliquidated Disputed Type of PRIORITY unsupport of the Domestic support of the contingent Taxes and certain or the contingent Contingent Contingent Type of PRIORITY unsupport of Taxes and certain or the contingent Cont | nt number curred? the claim secured cla bligations where debts y | laim here arore than two booklet.) FOR NOTICE PURPO SES is: Check at im: | Total claim \$0.00 I that apply | and nonpriori laims, fill out Priority amount | ity amount the Contir | s. As much as nuation Page of Nonpriority amount |
| possible, list the Part 1. If more the (For an explanat) Illinois D Priority Crect Bankrup PO Box (Chicago, Number Str. Who incurred Debtor 1 on Debtor 2 on Debtor 1 an At least one | claims in alphabetical order accian one creditor holds a particulation of each type of claim, see the repartment of Revenue ditor's Name tcy Section 64338, IL 60664-0338, | h priority and nonpriority amount ording to the creditor's name. If ar claim, list the other creditors in a relaim, list the other creditors in the instructions for this form in the Last 4 digits of account. Last 4 digits of account. | nt number curred? the claim secured cla bligations where debts y | laim here arore than two booklet.) FOR NOTICE PURPO SES is: Check at im: | Total claim \$0.00 I that apply | and nonpriori laims, fill out Priority amount | ity amount the Contir | s. As much as nuation Page of Nonpriority amount |
| possible, list the Part 1. If more the (For an explanat) Illinois D Priority Cree Bankrup PO Box (Chicago Number Str | claims in alphabetical order accian one creditor holds a particulation of each type of claim, see the repartment of Revenue ditor's Name tcy Section 64338, IL 60664-0338 eet City State Zlp Code | h priority and nonpriority amount ording to the creditor's name. If ar claim, list the other creditors in e instructions for this form in the Last 4 digits of account when was the debt income. As of the date you file | ts, list that c you have m n Part 3. e instruction nt number curred? | laim here ar ore than two booklet.) FOR NOTICE PURPO SES | Total claim \$0.00 | and nonpriori laims, fill out Priority amount | ity amount the Contir | s. As much nuation Page Nonpriori |

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| Debto | r 1 Carolyn Day | | Case num | ber (if know) | | | | |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------|---------------------------------------------------------------|-------------------------------|--|--|
| 2.2 | Internal Revenue Service | Last 4 digits of account number | | \$7,761.73 | \$6,080.91 | \$1,680.82 | | |
| | Priority Creditor's Name PO Box 7346 Philadelphia BA 10101 7346 | When was the debt incurred? | 2011 | | | | | |
| | Philadelphia, PA 19101-7346 Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all tha | t apply | | | | |
| V | Who incurred the debt? Check one. | ☐ Contingent | | | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | | | |
| | Debtor 2 only | ☐ Disputed | | | | | | |
| | Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim | im: | | | | | |
| | At least one of the debtors and another | ☐ Domestic support obligations | | | | | | |
| | ☐ Check if this claim is for a community debt | Taxes and certain other debts ye | ou owe the gove | ernment | | | | |
| ls | s the claim subject to offset? | ☐ Claims for death or personal inju | ıry while you we | re intoxicated | | | | |
| ı | No | ☐ Other. Specify | | | | | | |
| | Yes | Notice Only | / | | | | | |
| Part 2 | List All of Your NONPRIORITY Unsecu | red Claims | | | | | | |
| 4. Lis | Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other it 2. American General Financial Nonpriority Creditor's Name Springleaf Financial/Attn: Bankruptcy De PO Box 3251 | aim. For each claim listed, identify wh | at type of claim nan three nonpri | it is. Do not list claims | s already included in P is fill out the Continuati Total cla | art 1. If more ion Page of | | |
| | Evansville, IN 47731 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the clai | m is: Check all | that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | , same and the sam | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecu | red claim: | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a se | eparation agreer | ment or divorce that y | ou did not | | | |
| | Is the claim subject to offset? | report as priority claims | wing plane | other similar del-t- | | | | |
| | ■ No | ☐ Debts to pension or profit-sha | • | omer similar debts | | | | |
| | ☐ Yes | Other. Specify Notice O | nly | | | | | |

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Case number (if know)

| Debtor | Carolyn Day | —————————————————————————————————————— | Case number (if know) | |
|--------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------|--------|
| | American General Financial | Last 4 digits of account number | 3267 | \$0.00 |
| | Nonpriority Creditor's Name Springleaf Financial/Attn: Bankruptcy De PO Box 3251 Evansville, IN 47731 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Notice Only | <i>!</i> | |
| | Enhanced Recovery Corporation | Last 4 digits of account number | 6031 | \$0.00 |
| | Nonpriority Creditor's Name Attention: Client Services 8014 Bayberry Road | When was the debt incurred? | Opened 11/01/14 | |
| | Jacksonville, FL 32256 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | , | or chook an mat apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Collections | /Notice Only | |
| | LVNV Funding LLC Nonpriority Creditor's Name | Last 4 digits of account number | 6232 | \$0.00 |
| | PO Box 10497 Greenville, SC 29603 | When was the debt incurred? | Opened 4/01/11 | |
| _ | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Notice Only | 1 | |
| | | | | |

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Case number (if know)

| Debtor | 1 Carolyn Day | —————— | Case number (if know) | |
|--------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|------------|
| 4.5 | Peoples Gas | Last 4 digits of account number | 2425 | \$2,038.77 |
| | Nonpriority Creditor's Name Attention: Bankruptcy Department 130 East Randolph 17th Floor Chicago, IL 60601 | When was the debt incurred? | Opened 8/21/14 Last Active 2/01/15 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Utility Serv | ice | |
| 4.6 | Personal Finance Co. | Last 4 digits of account number | 6501 | \$528.00 |
| | Nonpriority Creditor's Name | | Opened 01/10 Last Active | |
| | 10945 S. Cicero | When was the debt incurred? | 2/27/13 | |
| | Oak Lawn, IL 60453 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | S. Oncox an inat appry | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Unsecured | | |
| 4.7 | Personal Finance Company Nonpriority Creditor's Name | Last 4 digits of account number | 6501 | \$0.00 |
| | 10945 S. Cicero Avenue Oak Lawn, IL 60453 | When was the debt incurred? | Opened 1/01/10 Last Active 2/27/13 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | | | |
| | □ 163 | Other. Specify Notice Only | 7 | |

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Case number (if know)

| 4.8 | Port | Last 4 digits of account number | Case Humber (II kilow) | \$0.00 | | | | | | |
|----------|---------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|----------|--|--|--|--|--|--|
| 4.0 | Nonpriority Creditor's Name | _ | | φ0.00 | | | | | | |
| | | When was the debt incurred? | | | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | | | |
| | ☐ Debtor 2 only | ebtor 2 only | | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | | | | |
| | debt Is the claim subject to offset? | | aration agreement or divorce that you did not | | | | | | | |
| | No | report as priority claims Debts to pension or profit-sharir | ng plans, and other similar debts | | | | | | | |
| | | <u>_</u> | | | | | | | | |
| | Yes | Other. Specify | | | | | | | | |
| 4.9 | Portfolio Recovery | Last 4 digits of account number | 3372 | \$335.00 | | | | | | |
| | Nonpriority Creditor's Name | | Opened 08/12 Last Active | | | | | | | |
| | Po Box 41067 | When was the debt incurred? | 8/01/16 | | | | | | | |
| | Norfolk, VA 23541 | | · | | | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | | | |
| | debt | | aration agreement or divorce that you did not | | | | | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharir | an plane and other circilar debte | | | | | | | |
| | ■ No | | | | | | | | | |
| | Yes | Other. Specify Financial N | Company Account World letwork Bank | | | | | | | |
| 4.1 0 | Sears | Last 4 digits of account number | 6232 | \$0.00 | | | | | | |
| | Nonpriority Creditor's Name | _ | 0 1 0/04/04 1 1 4 1 | | | | | | | |
| | Po Box 6189 Sioux Falls, SD 57117 | When was the debt incurred? | Opened 9/01/01 Last Active 8/03/10 | | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | | | | |
| | Who incurred the debt? Check one. | _ | | | | | | | | |
| | Debtor 1 only | Contingent | | | | | | | | |
| | Debtor 2 only | Unliquidated | | | | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | u ciaiiii. | | | | | | | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | | | | | | | |
| | Is the claim subject to offset? | report as priority claims | aradon agreement or divorce that you did not | | | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | | | |
| | □Yes | Other, Specify Notice Only | у | | | | | | | |

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| Carolyn Day | | Case number (if know) | |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|------------|
| Springleaf Financial Services | Last 4 digits of account number | | \$1,608.88 |
| Nonpriority Creditor's Name Crestwood Center 13608 Cicero Avenue, Suite C Midlothian, IL 60445 | When was the debt incurred? | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Credit Line | | |
| Springleaf Financial Services | Last 4 digits of account number | 9201 | \$2,740.98 |
| Nonpriority Creditor's Name 601 Nw 2nd St Evansville, IN 47708 | When was the debt incurred? | Opened 07/09 Last Active 8/02/16 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Credit Line | | |
| State Collection Service | Last 4 digits of account number | 0986 | \$295.00 |
| Nonpriority Creditor's Name PO Box 6250 | When was the debt incurred? | Opened 12/15 | |
| Madison, WI 53716 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sena | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | and the second of the second that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □Yes | ■ Other Specify Collections | | |

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Entered 11/11/16 19:18:22 Desc Main Document Page 27 of 59 Debtor 1 Carolyn Day Case number (if know) 4.1 Wells Fargo Recovery \$170.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Macq 2123-013 PO Box 94423 Albuquerque, NM 87199 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **ACL Laboratories** Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 27901 ■ Part 2: Creditors with Nonpriority Unsecured Claims West Allis, WI 53277 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address At & T Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Po Box 5080 ■ Part 2: Creditors with Nonpriority Unsecured Claims Carol Stream, IL 60197-5080 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address At & T Mobility Line **4.3** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 6416 Part 2: Creditors with Nonpriority Unsecured Claims Carol Stream, IL 60197 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Citi Bank Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 539 N. Michigan Avenue Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60611 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Citicorp Credit Services * Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ATTN: Internal Recovery; Part 2: Creditors with Nonpriority Unsecured Claims Centralized Bk P.O. Box 790034 Saint Louis, MO 63179-0034 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

Citicorp Credit Services * ATTN: Internal Recovery: Centralized Bk P.O. Box 790034

Saint Louis. MO 63179-0034

Line 4.10 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Enhanced Recovery Company, LLC Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Name and Address

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| Debtor 1 Carolyn Day | | Case number (if know) |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| C/O CT Corporation System 208 S. LaSalle Street, Suite 814 Chicago, IL 60604 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address LVNV Funding LLC 15 South Main Street | On which entry in Part 1 or Part 2 did Line 4.4 of (Check one): | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Greenville, SC 29601 | Last 4 digits of account number | — Fait 2. Greators with Northholity of secured Glaims |
| Name and Address LVNV Funding, LLC | On which entry in Part 1 or Part 2 did Line 4.4 of (<i>Check one</i>): | you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims |
| C/O RA Illinois Corporation Service | Line <u></u> or (oncor onc). | Part 2: Creditors with Nonpriority Unsecured Claims |
| 801 Adlai Stevenson Drive Springfield, IL 62703 | | |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did | |
| Personal Finance Co. 10945 S Cicero Ave | Line 4.6 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Oak Lawn, IL 60453 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did | · |
| Personal Finance Company LLC C/O RA C T Corporation System | Line 4.7 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| 208 S. LaSalle Street | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Chicago, IL 60604 | Last 4 digits of account number | |
| | - | |
| Name and Address Portfolio Recovery | On which entry in Part 1 or Part 2 did Line 4.9 of (<i>Check one</i>): | you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims |
| 120 Corporate Blvd Ste 1 | <u> </u> | Part 2: Creditors with Nonpriority Unsecured Claims |
| Norfolk, VA 23502 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did | upu liat the existing are distant? |
| Sears / Citibank USA Sears | Line 4.10 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| P.O. Box 790034 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Saint Louis, MO 63179-0034 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did | you list the original creditor? |
| Sears Bankruptcy Recovery | Line 4.10 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| 7920 NW 110th Street Kansas City, MO 64101 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| ranious only, inc our or | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did | you list the original creditor? |
| Springleaf Financial Services | Line 4.1 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| 600 N Royal Avenue Evansville, IN 47715 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did | you list the original creditor? |
| Springleaf Financial Services Crestwood Center | Line 4.1 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| 13608 Cicero Avenue, Suite C | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Midlothian, IL 60445 | Last 4 digits of account number | |
| | Last 4 digits of account number | |
| Name and Address Springleaf Financial Services, Inc. | On which entry in Part 1 or Part 2 did Line 4.1 of (<i>Check one</i>): | you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims |
| C/O RA C T Corporation System | or (Orlook one). | Part 2: Creditors with Nonpriority Unsecured Claims |
| 208 S. LaSalle Street Suite 814 Chicago, IL 60604 | | |
| omeago, il 00004 | Last 4 digits of account number | |

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Debtor 1 Carolyn Day

Page 29 of 59 Case number (if know)

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.13 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

State Collection Service 2509 S Stoughton Rd Madison, WI 53716

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Т | otal Claim |
|--------------|-----|---------------------------------------------------------------------------------------------------------|-----|----|------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 7,761.73 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 7,761.73 |
| | | | | | otal Claim |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 7,716.63 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 7,716.63 |

| | | <u> </u> | III PAUE 30 01 39 |
|---------------------|--------------------------|-------------------|-------------------|
| Fill in this infor | rmation to identify your | case: | |
| Debtor 1 | Carolyn Day | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |
| Case number | | | |
| (if known) | | | |
| | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the r, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-------------------------------------------------------|-------------------|-----------------------------------------|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | - | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | = |
| | | | | | |

| | | Docume | ent Page 31 d | ot 59 | |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Caralus Day | | | | |
| Depioi i | Carolyn Day First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filir | ng) First Name | Middle Name | Last Name | | |
| United Sta | ites Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| | ,, | | | | |
| Case numl | ber | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| Officia | l Form 106H | | | | |
| | | la la tama | | | |
| Sched | lule H: Your Cod | eptors | | | 12/15 |
| No Yes 2. With Arizon No. Yes 3. In Col | hin the last 8 years, have you and California, Idaho, Louisiana Go to line 3. S. Did your spouse, former spouts and your spouse, former spouts and your codeb | u lived in a community pr , Nevada, New Mexico, Pu use, or legal equivalent live tors. Do not include your | operty state or territo erto Rico, Texas, Wash with you at the time? spouse as a codebto | ry? (Community proper iington, and Wisconsin. r if your spouse is filir | ng with you. List the person shown |
| Form | | | | 06G). Use Schedule D, | the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cr Check all schedul | editor to whom you owe the debt es that apply: |
| 3.1 | | | | ☐ Schedule D, lir | ne |
| | Name | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | |
| _ | | | | | |
| | Number Street City | State | ZIP Code | | |
| | Oity | Otale | Zii Oode | | |
| | | | | _ | |
| 3.2 | Name | | | D Schedule D, lir | |
| | INAIIIC | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | ne |
| | Number Street | | | | |
| | City | State | ZIP Code | | |

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| Fill | in this information to identify your c | ase: | | | | | | | | |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------|-----------------------|--------------|------------------|------------------------------|------------------------|----------------------------------|-----------------|
| | otor 1 Carolyn Day | | | | | | | | | |
| 1 - | otor 2 use, if filing) | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | T OF ILLINOIS | | | | | | | |
| (If kn | se number | | | | | | | ed filing ent showi | ing postpetition following date: | |
| | fficial Form 106l | | | | | | MM / DD/ ` | YYYY | | |
| | chedule I: Your Inc | | | | | | | | | 12/1 |
| sup spo atta | is complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filing wi | ng jointly, and your s th you, do not inclu | spouse i de infori | is li mat | ving w ion ab | ith you, incl out your sp | lude info | rmation about nore space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor | 2 or non- | filing spouse | |
| | If you have more than one job, attach a separate page with | Employment status | ☐ Employed | | | | ☐ Empl | • | | |
| | information about additional employers. | Occupation | Not employed Retired/Pension from MWRD | | | ⊔ Not € | employed | | | |
| | Include part-time, seasonal, or self-employed work. | Occupation Employer's name | Retired/Pension | i trom i | /I VV | ΚU | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed th | nere? | | | | | | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If y | ou have nothing to re | eport for | any | line, v | rite \$0 in the | e space. Ii | nclude your no | n-filing |
| • | u or your non-filing spouse have mo e space, attach a separate sheet to | | mbine the information | n for all e | emp | loyers | for that perso | on on the | lines below. If | you need |
| | | | | | | For | Debtor 1 | | ebtor 2 or iling spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | 9 | S | 4,365.04 | \$ | N/A | - |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | S | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | 9 | 5 | ,365.04 | \$ | N/A | |

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| Deb | tor 1 | Carolyn Day | - | Ca | se number (if known) | | | | |
|-----|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|----------------------|-----------|-----------|--------------|----------|
| | | | | F | or Debtor 1 | | Debtor | | |
| | Con | y line 4 here | 4. | \$ | 4,365.04 | non \$ | -filing s | pouse N/A | |
| | | y line 4 nere | | Ψ | | – | | 11/7 | - |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | | | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | * | | \$_ | | N/A | |
| | 5c. | Voluntary contributions for retirement plans Required repayments of retirement fund loans | 5c. | | | \$_ | | N/A | = |
| | 5d. 5e. | Insurance | 5d. 5e. | | | \$_ \$ | | N/A N/A | - |
| | 5f. | Domestic support obligations | 5f. | \$ | | \$_ | | N/A | - |
| | 5g. | Union dues | 5g. | * | | \$ | | N/A | - |
| | 5h. | Other deductions. Specify: Rx Plan | 5h. | + \$ | | + \$ | | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 718.10 | \$ | | N/A | |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 3,646.94 | \$ | | N/A | - |
| 8. | | all other income regularly received: | | • | | *- | | | - |
| 0. | 8a. | Net income from rental property and from operating a business, | | | | | | | |
| | | profession, or farm | | | | | | | |
| | | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | |
| | | monthly net income. | 8a. | \$ | 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ | | \$ | - | N/A | = |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent | | | | | | | - |
| | | regularly receive Include alimony, spousal support, child support, maintenance, divorce | | | | | | | |
| | | settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | | N/A | |
| | 8d. | Unemployment compensation | 8d. | | | \$ | | N/A | - |
| | 8e. | Social Security | 8e. | \$ | | \$_ | | N/A | |
| | 8f. | Other government assistance that you regularly receive | | | | | | | |
| | | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental | | | | | | | |
| | | Nutrition Assistance Program) or housing subsidies. | | | | | | | |
| | | Specify: | 8f. | \$ | 0.00 | \$ | | N/A | _ |
| | 8g. | Pension or retirement income | 8g. | | | \$_ | | N/A | |
| | 8h. | Other monthly income. Specify: Survivor Annuity | _ 8h. | | | . — | | N/A | - |
| | | MWRD Pension | _ | \$ | 250.00 | \$ | | N/A | = |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 1,142.00 | \$ | | N/A | X . |
| | | | _ | | | | | 1 | <u> </u> |
| 10. | Calc | culate monthly income. Add line 7 + line 9. | 10. | \$ | 4,788.94 + \$ | | N/A | = \$ | 4,788.94 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | L | | | | | | |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: | depei | | . • | • | | ∍ J. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | . 12. | \$ | 4,788.94 |
| | | | | | | | | Combin | |
| 13. | Do s | you expect an increase or decrease within the year after you file this form | 2 | | | | | monthl | y income |
| ١٥. | = | No. | • | | | | | | |
| | _ | Yes. Explain: | | | | | | | |

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| FIII | in this information to identify your case: | | | | | |
|--------|------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------|--------------|---------------------|-------------------------------|
| Deb | otor 1 Carolyn Day | | | Chec | k if this is: | |
| | | | | _ | An amended filing | |
| | otor 2 | | | | | ying postpetition chapter |
| (Spo | ouse, if filing) | | | | 13 expenses as of t | the following date: |
| Unit | ted States Bankruptcy Court for the: NORTHE | ERN DISTRICT OF ILLING | DIS | _ | MM / DD / YYYY | |
| Cas | se number | | | | | |
| (If kı | known) | | | | | |
| Of | fficial Form 106J | | | | | |
| Sc | chedule J: Your Expen | Ses | | | | 12/15 |
| | as complete and accurate as possible. | | a filing together be | oth are equi | ally responsible fo | |
| info | ormation. If more space is needed, attac mber (if known). Answer every question | h another sheet to this f | | | | |
| Par | rt 1: Describe Your Household | | | | | |
| 1. | Is this a joint case? | | | | | |
| | ■ No. Go to line 2. | | | | | |
| | ☐ Yes. Does Debtor 2 live in a separa | te household? | | | | |
| | □ No | | | | | |
| | ☐ Yes. Debtor 2 must file Officia | l Form 106J-2. Expenses | for Separate House | hold of Debt | for 2. | |
| | | , _ , _ , _ , _ , _ , _ , _ , _ , _ , _ | | | | |
| 2. | Do you have dependents? ■ No | | | | | |
| | — 103. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | | □ No |
| | dependents names. | | | | | ☐ Yes |
| | | | | | | □No |
| | | | | | | ☐ Yes |
| | | | | | | □ No |
| | | | | | | ☐ Yes |
| | | | - | | | □ No |
| | | | | | | ☐ Yes |
| 3. | Do your expenses include | No | | | | |
| | expenses of people other than | | | | | |
| | yourself and your dependents? | 103 | | | | |
| Par | rt 2: Estimate Your Ongoing Monthly | Expenses | | | | |
| exp | timate your expenses as of your bankru penses as of a date after the bankruptcy plicable date. | ptcy filing date unless yo | | | | |
| Incl | clude expenses paid for with non-cash g | overnment assistance if | you know | | | |
| | e value of such assistance and have incl | | | | | |
| (Off | fficial Form 106l.) | | | | Your expe | enses |
| | | | | | | |
| 4. | The rental or home ownership expens | • | nclude first mortgage | ÷ 4. \$ | | 1,235.00 |
| | payments and any rent for the ground or | IOT. | | τ. ψ | | |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes | | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, or renter's | | | 4b. \$ | | 0.00 |
| | 4c. Home maintenance, repair, and up | | | 4c. \$ | | 125.00 |
| _ | 4d. Homeowner's association or cond | | | 4d. \$ | | 0.00 |
| 5. | Additional mortgage payments for you | ur residence, such as hor | ne equity loans | 5. \$ | | 0.00 |

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| Debtor 1 Carolyn Day | | Case num | ber (if known) | | | |
|--------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------|---------------------|-------------------------|--|--|
| 6. Utilities: | | | | | | |
| 6a. Electricity, heat, natural | gas | 6a. | \$ | 0.00 | | |
| 6b. Water, sewer, garbage of | _ | 6b. | \$ | 150.00 | | |
| | nternet, satellite, and cable services | 6c. | \$ | 0.00 | | |
| 6d. Other. Specify: | Thorrot, satolito, and sable solvices | 6d. | \$ | 0.00 | | |
| Food and housekeeping sup | nlies | 7. | \$ | 0.00 | | |
| Childcare and children's edu | • | 8. | \$ | 0.00 | | |
| | | 9. | \$ | | | |
| J. J. J | _ | | · | 75.00 | | |
| Personal care products and s | | 10. | \$ | 65.00 | | |
| . Medical and dental expenses | | 11. | \$ | 150.00 | | |
| Transportation. Include gas, r | naintenance, bus or train fare. | 12. | \$ | 125.00 | | |
| Do not include car payments. | tion, newspapers, magazines, and books | 13. | \$ | 0.00 | | |
| | | | · | | | |
| Charitable contributions and | religious donations | 14. | \$ | 0.00 | | |
| i. Insurance. | acted from your pay or included in lines 4 or 20. | | | | | |
| 15a. Life insurance | cted from your pay or included in lines 4 or 20. | 15a. | ¢ | 70.00 | | |
| 15b. Health insurance | | 15a. 15b. | · | | | |
| | | | · | 0.00 | | |
| 15c. Vehicle insurance | | 15c. | | 0.00 | | |
| 15d. Other insurance. Specify: | | 15d. | \$ | 0.00 | | |
| | educted from your pay or included in lines 4 or 20 | | • | | | |
| Specify: | - | 16. | \$ | 0.00 | | |
| 7. Installment or lease payment | | 47- | Φ | 0.00 | | |
| 17a. Car payments for Vehicle | | 17a. | | 0.00 | | |
| 17b. Car payments for Vehicle | e 2 | 17b. | \$ | 0.00 | | |
| 17c. Other. Specify: | | 17c. | \$ | 0.00 | | |
| 17d. Other. Specify: | | 17d. | \$ | 0.00 | | |
| | naintenance, and support that you did not rep ine 5, <i>Schedule I, Your Income</i> (Official Form | | \$ | 0.00 | | |
| | support others who do not live with you. | 1001). | \$ | 0.00 | | |
| Specify: | cappert carers are as not not wan your | 19. | Ψ | 0.00 | | |
| | s not included in lines 4 or 5 of this form or or | | ur Income | | | |
| 20a. Mortgages on other prop | | 20a. | | 0.00 | | |
| 20b. Real estate taxes | 70119 | 20b. | · | 0.00 | | |
| 20c. Property, homeowner's, | or rontor's incurance | 20c. | · | 0.00 | | |
| | | | · | | | |
| 20d. Maintenance, repair, and | | 20d. | | 0.00 | | |
| 20e. Homeowner's associatio | in or condominium dues | 20e. | · | 0.00 | | |
| . Other: Specify: | | 21. | +\$ | 0.00 | | |
| 2. Calculate your monthly expe | enses | | | | | |
| 22a. Add lines 4 through 21. | | | \$ | 1,995.00 | | |
| · · | penses for Debtor 2), if any, from Official Form 10 |)6.I-2 | \$ | 1,333.00 | | |
| | • | , <u>_</u> | · | 4 005 00 | | |
| 22c. Add line 22a and 22b. Th | ne result is your monthly expenses. | | \$ | 1,995.00 | | |
| 3. Calculate your monthly net in | ncome. | | 1 | | | |
| | pined monthly income) from Schedule I. | 23a. | \$ | 4,788.94 | | |
| 23b. Copy your monthly expe | · · · · · · · · · · · · · · · · · · · | 23b. | · | 1,995.00 | | |
| | | 235. | T | 1,333.00 | | |
| 23c. Subtract your monthly ex | xpenses from your monthly income. | | | | | |
| The result is your month | | 23c. | \$ | 2,793.94 | | |
| • | - | | | | | |
| | Oo you expect an increase or decrease in your expenses within the year after you file this form? | | | | | |
| | sh paying for your car loan within the year or do you exp | ect your mortgage p | payment to increase | e or decrease because o | | |
| modification to the terms of your mo | ongage? | | | | | |
| ■ No. | | | | | | |
| ☐ Yes. Explain here: | : | | | | | |

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| | mation to identify your | | | | |
|--------------------------------------------------------|---------------------------------------------------------------------|------------------------|-------------------------------|----------------------------------------------------------------------|---------------------------------------------------------|
| Debtor 1 | Carolyn Day | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an amended filing |
| Official Ford Declarate | | ın Individual | Debtor's Sch | nedules | 12/15 |
| ears, or both. | 18 U.S.C. §§ 152, 1341, 1 | 1319. and 3371. | | | prisonment for up to 20 |
| Sig | ın Below | | | | prisonment for up to 20 |
| | n Below ay or agree to pay some | | rney to help you fill out bar | nkruptcy forms? | prisonment for up to 20 |
| | | | rney to help you fill out bar | nkruptcy forms? | prisonment for up to 20 |
| Did you pa | | | rney to help you fill out bar | . Attach <i>Bankruptcy F</i> | Petition Preparer's Notice, quature (Official Form 119) |
| Did you pa ■ No □ Yes. Under pena | ay or agree to pay some | one who is NOT an atto | rney to help you fill out bar | Attach Bankruptcy F Declaration, and Sig | Petition Preparer's Notice, |
| Did you pa No Yes. Under penathat they ar | Name of person alty of perjury, I declare true and correct. | one who is NOT an atto | nmary and schedules filed | Attach Bankruptcy F Declaration, and Sig | Petition Preparer's Notice, |
| Did you pa No Yes. Under penathat they as X /s/ Cal | ay or agree to pay some Name of person alty of perjury, I declare | one who is NOT an atto | | Attach Bankruptcy F Declaration, and Sig with this declaration and | Petition Preparer's Notice, |

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| Fill i | n this inforn | nation to identify you | r case: | | | | |
|-----------------|-----------------------------------|----------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------|--------------|-------------------------------------------------------|
| Debt | or 1 | Carolyn Day | | | | | |
| | | First Name | Middle Name | Last Name | | | |
| Debt (Spou | or 2 se if, filing) | First Name | Middle Name | Last Name | | | |
| Unite | ed States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | | |
| Case (if kno | e number _ wn) | | | | | _ | eck if this is an ended filing |
| Sta Be as | s complete a | of Financial | ible. If two married people attach a separate sheet to | duals Filing for B are filing together, both are this form. On the top of an | equally responsib | | |
| Part | | , | arital Status and Where You | ı Lived Before | | | |
| 1. \ | What is you | r current marital statu | ıs? | | | | |
| | ☐ Married ■ Not mai | | | | | | |
| 2. I | | | lived anywhere other than | where you live now? | | | |
| | ■ No | , , | • | · | | | |
| l | _ | et all of the places you l | ived in the last 3 years. Do n | ot include where you live nov | ٧. | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | Idress: | | Dates Debtor 2 lived there |
| | | | | gal equivalent in a commur evada, New Mexico, Puerto R | | | |
| | ■ No □ Yes. Ma | ake sure you fill out Sci | nedule H: Your Codebtors (O | fficial Form 106H). | | | |
| Part | 2 Explai | in the Sources of You | r Income | | | | |
| ı | Fill in the total f you are filir | al amount of income yo | u received from all jobs and | ng a business during this yeall businesses, including part e together, list it only once un | -time activities. | ious calenda | ar years? |
| | | | Debtor 1 | | Debtor 2 | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco Check all that app | ply. | Gross income (before deductions and exclusions) |
| | | | | | | | |

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Case number (if known) Debtor 1 Carolyn Day

| 5. | Incluand of winning List 6 | de indother ings. each s | come regard public bene If you are fil source and | dless of whether that fit payments; pensing a joint case and the gross income from the g | ng this year or the two at income is taxable. Ex ons; rental income; inte I you have income that om each source separa | amples of rest; divi- you rece | of other income are a dends; money collectived together, list it contact together. | limony; child supp ted from lawsuits; only once under De | royalties; and ebtor 1. | |
|-----------------|----------------------------|-----------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------|-------------------------------------------------------|
| | - | Yes. | Fill in the d | etails. | | | | | | |
| | | | | | tor 1 rces of income cribe below. | each (befo | s income from source re deductions and sions) | Debtor 2 Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| 20 | 15 YTI | D | | | irement Income btor) Per Award er | | \$41,144.70 | | | |
| 20 | 15 YTI | D | | Inco | ial Security ome (Debtor) Per davit | | \$8,960.00 | | | |
| 20 ⁻ | 14 | | | | irement Income btor) Per Tax urn | | \$47,846.00 | | | |
| | | | | | | | | | | |
| 6. | _ | either No. | Neither Dindividual During the No. | ebtor 1 nor Debtor primarily for a perso | ots primarily consume 2 has primarily consi- onal, family, or househout u filed for bankruptcy, d | umer de old purpo | bts. Consumer debt se." | | | (8) as "incurred by an |
| | | | ☐ Yes * Subject | paid that creditor not include paym | reditor to whom you pa . Do not include payme ents to an attorney for t /01/19 and every 3 year | nts for do this bank | omestic support oblig ruptcy case. | ations, such as ch | ild support a | nd alimony. Also, do |
| | | Yes. | | | n have primarily consu u filed for bankruptcy, d | | | l of \$600 or more? | | |
| | | | ■ No. | Go to line 7. | | | | | | |
| | | | ☐ Yes | | reditor to whom you pa s for domestic support o ankruptcy case. | | | | | |
| | Cre | ditor' | s Name an | d Address | Dates of payme | ent | Total amount paid | Amount you still owe | Was this p | ayment for |
| 7. | <i>Insid</i> of wh | lers in nich y siness | clude your ou are an o | relatives; any gener fficer, director, pers | ruptcy, did you make ral partners; relatives of on in control, or owner of tor. 11 U.S.C. § 101. Inc | any gen of 20% o | eral partners; partne r more of their voting | rships of which you securities; and ar | u are a genei ny managing | al partner; corporation agent, including one fo |
| | | No Yes. | List all navr | ments to an insider. | | | | | | |
| | | | Name and | | Dates of payme | ent | Total amount paid | Amount you still owe | Reason fo | r this payment |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an

| Del | otor 1 Carolyn Day | Document | Page 39 of 59 | | | : Main |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------|------------------------|-------------------------------|------------------------------|
| | insider? Include payments on debts guaranteed or cos | igned by an insider. | | | | |
| | ■ No□ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment litor's name |
| Pai | t 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | ne case |
| | Bank of America v. Carolyn Day 14 CH 09678 | Foreclosure | Cook County C Richard J. Dale 50 W. Washing 702 Chicago, IL 606 | ey Center ton, Room | ■ Pending □ On appe □ Conclud | eal |
| 10. | Within 1 year before you filed for bankrupte Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. | | erty repossessed, f | oreclosed, garnis | shed, attached | d, seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | | Explain what happene | d | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No Yes. Fill in the details. | | cluding a bank or fir | nancial institutior | n, set off any a | amounts from your |
| | Creditor Name and Address | Describe the action the | e creditor took | Date taker | action was | Amount |
| 12. | Within 1 year before you filed for bankrupte court-appointed receiver, a custodian, or a ■ No □ Yes | | erty in the possessi | ion of an assigne | e for the bend | efit of creditors, a |
| Pai | t 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankrup No | tcy, did you give any gift | ts with a total value | of more than \$60 | 00 per person | ? |

☐ Yes. Fill in the details for each gift.

Dates you gave the gifts Gifts with a total value of more than \$600 Describe the gifts Value per person Person to Whom You Gave the Gift and Address:

Case 16-36105 Doc 1 Filed 11/11/16 Entered 11/11/16 19:18:22 Desc Main Document Page 40 of 59 Case number (if known) Debtor 1 Carolyn Day 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ☐ Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You \$3,580.00 Attorney Fees plus \$310.00 11/7/16 \$4,000.00 Sulaiman Law Group LTD 900 Jorie Blvd filing fee plus \$110.00 credit Ste 150 counseling and financial management Oak Brook, IL 60523 course certificates, merged three bureau credit report and tax transcripts. 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

Yes. Fill in the details.

Person Who Received Transfer
Address

Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

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Debtor 1 Carolyn Day

| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote No ☐ Yes. Fill in the details. | | y property to a | self-settle | d trust or similar device | of which you are a |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------|-------------|------------------------------------------------------|-----------------------------------------------|
| | Name of trust | Description and v | alue of the pro | perty trans | ferred | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, Insti | ruments, Safe Deposit | Boxes, and St | orage Unit | s | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, association No Yes. Fill in the details. | other financial accour | nts; certificates | of deposi | | |
| | | Last 4 digits of account number | Type of account instrument | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? No | ar before you filed for | bankruptcy, aı | ny safe dep | oosit box or other depos | sitory for securities, |
| | Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, St State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or No Yes. Fill in the details. | | home within 1 | year befor | e you filed for bankrupt | cy? |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control fo | or Someone Else | | | | |
| 23. | Do you hold or control any property that som for someone. | eone else owns? Inclu | ıde any proper | ty you borr | rowed from, are storing | for, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value |
| Par | t 10: Give Details About Environmental Infor | mation | | | | |
| _ | | _ | | | | |

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Carolyn Day

| 24. | Has | any governmental unit notified you that | you may be liable or potentially liable | une | der or in violation of an environme | ental law? |
|-----|------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------|----------------------------------------------------------|--------------------|
| | | Yes. Fill in the details. | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | d | Environmental law, if you know it | Date of notice |
| 25. | Hav | e you notified any governmental unit of | any release of hazardous material? | | | |
| | | No Yes. Fill in the details. | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | d | Environmental law, if you know it | Date of notice |
| 26. | Hav | e you been a party in any judicial or adm | inistrative proceeding under any envi | iron | mental law? Include settlements a | nd orders. |
| | | No Yes. Fill in the details. | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | iture of the case | Status of the case |
| Par | 211 | Give Details About Your Business or (| Connections to Any Business | | | |
| | | | | | | |
| 27. | Wit | nin 4 years before you filed for bankrupto | cy, did you own a business or have ar | ny of | f the following connections to any | business? |
| | | ☐ A sole proprietor or self-employed in | n a trade, profession, or other activity, | eith | ner full-time or part-time | |
| | | ☐ A member of a limited liability compa | any (LLC) or limited liability partnersh | ip (l | LLP) | |
| | | ☐ A partner in a partnership | | | | |
| | | ☐ An officer, director, or managing exe | ecutive of a corporation | | | |
| | | ☐ An owner of at least 5% of the voting | or equity securities of a corporation | | | |
| | | No. None of the above applies. Go to P | art 12. | | | |
| | | Yes. Check all that apply above and fill | in the details below for each business | s. | | |
| | | siness Name | Describe the nature of the business | | Employer Identification number | |
| | | dress mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Do not include Social Security in Dates business existed | number or ITIN. |
| 28. | | nin 2 years before you filed for bankrupto itutions, creditors, or other parties. | cy, did you give a financial statement | to a | nyone about your business? Inclu | de all financial |
| | | No | | | | |
| | | Yes. Fill in the details below. | | | | |
| | | me dress mber, Street, City, State and ZIP Code) | Date Issued | | | |
| | • | | | | | |

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Debtor 1 Carolyn Day Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Carolyn Day Signature of Debtor 2 Carolyn Day Signature of Debtor 1 Date November 11, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|--|
| \$245 | filing fee | |
| \$75 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-36105 Doc 1 Filed 11/11/16 Entered 11/11/16 19:18:22 Desc Main Document Page 48 of 59

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | Carolyn Day | | Case No. | |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------|-------------------------------------|
| | | Debtor(s) | Chapter | 13 |
| | DISCLOSURE OF COM | IPENSATION OF ATTORNI | EY FOR DE | EBTOR(S) |
| C | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. compensation paid to me within one year before the rendered on behalf of the debtor(s) in contemple. | ne filing of the petition in bankruptcy, or a | greed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 4,000.00 |
| | Prior to the filing of this statement I have reco | eived | \$ | 3,580.00 |
| | Balance Due | | \$ | 420.00 |
| 2. \$ | \$ 310.00 of the filing fee has been paid. | | | |
| 3. 7 | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. 7 | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 5. | ■ I have not agreed to share the above-disclosed | compensation with any other person unless | ss they are mem | bers and associates of my law firm. |
| 1 | ☐ I have agreed to share the above-disclosed corcopy of the agreement, together with a list of t | | | |
| 6.] | In return for the above-disclosed fee, I have agree | d to render legal service for all aspects of | the bankruptcy c | ase, including: |
| t c | a. Analysis of the debtor's financial situation, and b. Preparation and filing of any petition, schedule c. Representation of the debtor at the meeting of d. [Other provisions as needed] | s, statement of affairs and plan which may | be required; | |
| 7. I | By agreement with the debtor(s), the above-discloration of the Debtor in an | sed fee does not include the following serv y dischargeability actions or any oth | | proceeding. |
| | | CERTIFICATION | | |
| | I certify that the foregoing is a complete statement ankruptcy proceeding. | of any agreement or arrangement for paying | ment to me for re | epresentation of the debtor(s) in |
| N | ovember 11, 2016 | /s/ James J. Haller | | |
| D | ate | James J. Haller | | |
| | | Signature of Attorney Sulaiman Law Group | , Ltd. | |
| | | 900 Jorie Boulevard Suite 150 | | |
| | | Oak Brook, IL 60523 | | |
| | | 630-575-8181 Fax: 6 | | |
| 1 | | courtinfo@sulaimanl | aw.com | |

Name of law firm

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
 - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
 - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
 - Debtor's attorney received \$3,580.00 from the Debtor prior to filing the case as an advanced payment in compensation of: (1) analysis of financial situation; (2) consultation on various bankruptcy and non-bankruptcy options; (3) preparation of documents;
 - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
 - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$3,580.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$3,580.00 toward the flat fee, leaving a balance due of \$0.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: November 11, 2016

Signed:

/s/ Carolyn Day

Carolyn Day

Ist James . Haller

James Haller

Attorney for the Debtor(s)

Debtor(s)

Do not sign this agreement if the amounts are blank.

Local Bankruptcy Form 23c

United States Bankruptcy CourtNorthern District of Illinois

| | | Not that it District of Infinois | | |
|-------|--------------------------------------------|-------------------------------------------------|------------------|---------------------------|
| In re | Carolyn Day | | Case No. | |
| | | Debtor(s) | Chapter | _13 |
| | VE | ERIFICATION OF CREDITOR M | IATRIX | |
| | | Number of | Creditors: | 40 |
| | The above-named Debtor(s) (our) knowledge. |) hereby verifies that the list of credit | tors is true and | correct to the best of my |
| Date: | November 11, 2016 | /s/ Carolyn Day Carolyn Day Signature of Debtor | | |

ACL Laboratories PO Box 27901 West Allis, WI 53277

American General Financial Springleaf Financial/Attn: Bankruptcy De PO Box 3251 Evansville, IN 47731

At & T Po Box 5080 Carol Stream, IL 60197-5080

At & T Mobility P.O. Box 6416 Carol Stream, IL 60197

Bank of America Attn: Bankruptcy Department Po Box 5170 Simi Valley, CA 93062

Citi Bank 539 N. Michigan Avenue Chicago, IL 60611

Citicorp Credit Services *
ATTN: Internal Recovery; Centralized Bk
P.O. Box 790034
Saint Louis, MO 63179-0034

City of Chicago Department of Finance 333 South State Street Chicago, IL 60604

Cook County Clerk 69 W. Washington, Suite 500 Chicago, IL 60602

Cook County State's Attorney 69 W. Washington, Suite 3200 Chicago, IL 60602

Cook County Treasurer's Office 118 North Clark Street, Room 112 Chicago, IL 60602

Enhanced Recovery Company, LLC C/O CT Corporation System 208 S. LaSalle Street, Suite 814 Chicago, IL 60604

Enhanced Recovery Corporation Attention: Client Services 8014 Bayberry Road Jacksonville, FL 32256

Illinois Department of Revenue Bankruptcy Section PO Box 64338 Chicago, IL 60664-0338

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Kozeny & McCubbin Illinois 105 W. Adams #1800 Chicago, IL 60603

LVNV Funding LLC PO Box 10497 Greenville, SC 29603

LVNV Funding LLC 15 South Main Street Greenville, SC 29601

LVNV Funding, LLC C/O RA Illinois Corporation Service C 801 Adlai Stevenson Drive Springfield, IL 62703

Peoples Gas Attention: Bankruptcy Department 130 East Randolph 17th Floor Chicago, IL 60601 Personal Finance Co. 10945 S. Cicero Oak Lawn, IL 60453

Personal Finance Co. 10945 S Cicero Ave Oak Lawn, IL 60453

Personal Finance Company 10945 S. Cicero Avenue Oak Lawn, IL 60453

Personal Finance Company LLC C/O RA C T Corporation System 208 S. LaSalle Street Chicago, IL 60604

Port

Portfolio Recovery Po Box 41067 Norfolk, VA 23541

Portfolio Recovery 120 Corporate Blvd Ste 1 Norfolk, VA 23502

Sears Po Box 6189 Sioux Falls, SD 57117

Sears / Citibank USA Sears P.O. Box 790034 Saint Louis, MO 63179-0034

Sears Bankruptcy Recovery 7920 NW 110th Street Kansas City, MO 64101

Springleaf Financial Services Crestwood Center 13608 Cicero Avenue, Suite C Midlothian, IL 60445 Springleaf Financial Services 601 Nw 2nd St Evansville, IN 47708

Springleaf Financial Services 600 N Royal Avenue Evansville, IN 47715

Springleaf Financial Services, Inc. C/O RA C T Corporation System 208 S. LaSalle Street Suite 814 Chicago, IL 60604

State Collection Service PO Box 6250 Madison, WI 53716

State Collection Service 2509 S Stoughton Rd Madison, WI 53716

Weiss McClelland LLC 105 West Adams Street, Suite 1850 Chicago, IL 60603

Wells Fargo Recovery Macq 2123-013 PO Box 94423 Albuquerque, NM 87199

Worldwide Asset Purchasing II, LLC C/O RA Illinois Corporation Service C 801 Adlai Stevenson Drive Springfield, IL 62703

Worldwide Asset Purchasing, LLC C/O RA Illinois Corporation Service C 801 Adlai Stevenson Drive Springfield, IL 62703